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## TRANSMITTAL LETTER TO THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US)

ATTORNEY'S DOCKET NUMBER 0666.2880000/MAC/AFK

U.S. APPLICATION NO. (If known, see 37 CFR 1.5) 10/578,770CONCERNING A SUBMISSION UNDER 35 U.S.C. 371 INTERNATIONAL APPLICATION NO. INTERNATIONAL FILING DATE PRIORITY DATE CLAIMED PCT/JP2004/016600 9 November 2004 (09.11.2004) 10 November 2003 (10.11.2003) TITLE OF INVENTION Method of Concentrating and Purifying Nucleic Acid and Apparatus Therefor APPLICANT(S) FOR DO/EO/US HASHIGÙCHI et al. Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information: This is a FIRST submission of items concerning a submission under 35 U.S.C. 371. This is a **SECOND** or **SUBSEQUENT** submission of items concerning a submission under 35 U.S.C. 371. This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (21) indicated below. The US has been elected (Article 31). A copy of the International Application as filed (35 U.S.C. 371(c)(2)) is attached hereto (required only if not communicated by the International Bureau). has been communicated by the International Bureau. is not required, as the application was filed in the United States Receiving Office (RO/US). An English language translation of the International Application as filed (35 U.S.C. 371(c)(2)). is attached hereto. has been previously submitted under 35 U.S.C. 154(d)(4). Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3)) are attached hereto (required only if not communicated by the International Bureau). have been communicated by the International Bureau. have not been made; however, the time limit for making such amendments has NOT expired. have not been made and will not be made. An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)). An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)). An English language translation of the annexes of the International Preliminary Examination Report under PCT 10. Article 36 (35 U.S.C. 371(c)(5)). Items 11 to 20 below concern document(s) or information included: An Information Disclosure Statement under 37 CFR 1.97 and 1.98. 12. An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included. 13 l A preliminary amendment. An Application Data Sheet under 37 CFR 1.76. A substitute specification. 16. L A power of attorney and/or change of address letter. A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1,821-1,825. 18 A second copy of the published International Application under 35 U.S.C. 154(d)(4). 19 L A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).

This collection of information is required by 37 CFR 1.414 and 1.491-1.492. The information is required to obtain or retain a benefit by the public, which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 15 minutes to complete, including gathering information, preparing, and submitting the completed form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop PCT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. Page 1 of 3

PTO-1390 (Rev. 07-2005)
Approved for use through 3/31/2007. OMB 0651-0021
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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| U.S. APPLICATION NO. (if known, see 37 CFR 1.5) 10/578,770                                                                                                                                                                                                                                                                                              |                                                                                    |                                                                                                 | PCT/JP200    |            | ATTORNEY'S DOCKET NUMBER 0666.2880000/MAC/AFK |              |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--------------|------------|-----------------------------------------------|--------------|--|--|
| 20. Other items or information: 1) Petition for Extension of Time Under 37 C.F.R. 1.136(a); and 2) Request for Reconsideration - Sequence Listing Requirement.                                                                                                                                                                                          |                                                                                    |                                                                                                 |              |            |                                               |              |  |  |
| The follo                                                                                                                                                                                                                                                                                                                                               | owing fees have b                                                                  | een submitted                                                                                   |              |            | CALCULATIONS                                  | PTO USE ONLY |  |  |
| 21.                                                                                                                                                                                                                                                                                                                                                     | c national fee (37                                                                 | CFR 1.492(a))                                                                                   |              | \$300      | \$                                            |              |  |  |
| 22. Exam                                                                                                                                                                                                                                                                                                                                                | 22. Examination fee (37 CFR 1.492(c))                                              |                                                                                                 |              |            |                                               |              |  |  |
|                                                                                                                                                                                                                                                                                                                                                         | ion prepared by IS<br>US indicates all cl                                          | \$                                                                                              |              |            |                                               |              |  |  |
| 23. Search fee (37 CFR 1.492(b))  If the written opinion of the ISA/US or the International preliminary examination report prepared by IPEA/US indicates all claims satisfy provisions of PCT Article 33(1)-(4)\$0  Search fee (37 CFR 1.445(a)(2)) has been paid on the international application to the USPTO as an International Searching Authority |                                                                                    |                                                                                                 |              |            | \$                                            |              |  |  |
|                                                                                                                                                                                                                                                                                                                                                         | TOTAL OF 21, 22                                                                    | 2 and 23 =                                                                                      |              |            |                                               |              |  |  |
| Additional fee<br>sequence<br>electronic                                                                                                                                                                                                                                                                                                                | e for specification<br>e listing in complia<br>medium) (37 CF<br>\$250 for each ad |                                                                                                 |              |            |                                               |              |  |  |
| Total Sheets                                                                                                                                                                                                                                                                                                                                            | Extra Sheets                                                                       | neets Number of each additional 50 or fraction RATE thereof (round <b>up</b> to a whole number) |              | RATE       |                                               |              |  |  |
| - 100 =                                                                                                                                                                                                                                                                                                                                                 | /50 =                                                                              |                                                                                                 |              | × \$250    | \$                                            | ı            |  |  |
| Surcharge of \$13 after the date of c                                                                                                                                                                                                                                                                                                                   |                                                                                    | \$                                                                                              |              |            |                                               |              |  |  |
| CLAIMS                                                                                                                                                                                                                                                                                                                                                  | NUMB                                                                               | ER FILED                                                                                        | NUMBER EXTRA | RATE       | \$                                            |              |  |  |
| Total claims                                                                                                                                                                                                                                                                                                                                            |                                                                                    | - 20 =                                                                                          |              | × \$ 50    | \$                                            |              |  |  |
| Independent claims - 3 =                                                                                                                                                                                                                                                                                                                                |                                                                                    | - 3 =                                                                                           |              | × \$200    | \$                                            |              |  |  |
| MULTIPLE DEPE                                                                                                                                                                                                                                                                                                                                           | NDENT CLAIM(S                                                                      | i) (if applicable)                                                                              |              | + \$360    | \$                                            |              |  |  |
|                                                                                                                                                                                                                                                                                                                                                         |                                                                                    | \$                                                                                              |              |            |                                               |              |  |  |
| Applicant clai                                                                                                                                                                                                                                                                                                                                          | ims small entity st                                                                |                                                                                                 |              |            |                                               |              |  |  |
|                                                                                                                                                                                                                                                                                                                                                         |                                                                                    |                                                                                                 |              | SUBTOTAL = | \$                                            |              |  |  |
| Processing fee of<br>claimed priority da                                                                                                                                                                                                                                                                                                                |                                                                                    | \$                                                                                              |              |            |                                               |              |  |  |
| TOTAL NATIONAL FEE =                                                                                                                                                                                                                                                                                                                                    |                                                                                    |                                                                                                 |              |            | \$                                            |              |  |  |
| Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property +                                                                                                                                                                                |                                                                                    |                                                                                                 |              |            | \$                                            |              |  |  |
|                                                                                                                                                                                                                                                                                                                                                         |                                                                                    | \$                                                                                              |              |            |                                               |              |  |  |
|                                                                                                                                                                                                                                                                                                                                                         |                                                                                    | 11. 7. 7                                                                                        |              |            | Amount to be refunded:                        | \$           |  |  |
|                                                                                                                                                                                                                                                                                                                                                         |                                                                                    |                                                                                                 |              |            | Amount to be charged                          | \$           |  |  |

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| а. 🔲                                                                                                                                   | A check in the amount of \$                                                                                                                                                                                                             | to cover the above fees | is enclosed.             |  |  |  |  |
| b. 🔲                                                                                                                                   | Please charge my Deposit Account No<br>A duplicate copy of this sheet is enclosed                                                                                                                                                       |                         | to cover the above fees. |  |  |  |  |
| c. X                                                                                                                                   | The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>19-0036</u> . A duplicate copy of this sheet is enclosed.                                |                         |                          |  |  |  |  |
| d. X                                                                                                                                   | Fees are to be charged to a credit card. <b>WARNING:</b> Information on this form may become public. <b>Credit card information should not be included on this form.</b> Provide credit card information and authorization on PTO-2038. |                         |                          |  |  |  |  |
| NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed |                                                                                                                                                                                                                                         |                         |                          |  |  |  |  |
| and granted to restore the International Application to pending status.                                                                |                                                                                                                                                                                                                                         |                         |                          |  |  |  |  |
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| SEND A                                                                                                                                 | LL CORRESPONDENCE TO:                                                                                                                                                                                                                   | Tricher A. Centers      |                          |  |  |  |  |
|                                                                                                                                        |                                                                                                                                                                                                                                         |                         | SIGNATURE                |  |  |  |  |
| CUSTOMER NUMBER 26111                                                                                                                  |                                                                                                                                                                                                                                         |                         | Michele A. Cimbala       |  |  |  |  |
|                                                                                                                                        |                                                                                                                                                                                                                                         | <u></u>                 | NAME                     |  |  |  |  |
|                                                                                                                                        |                                                                                                                                                                                                                                         |                         | 33,851                   |  |  |  |  |
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